

**GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS**

**PROFESSIONAL DEVELOPMENT/CONTINUING EDUCATION AUDIT REPORT**

For the Two-Year CE Reporting Period Beginning July 1, 2007 and Ending June 30, 2009

**PLEASE PRINT OR TYPE**

Institute, Organization, Provider, or Agency Conducting Course	Provider Number	Title of Course or Description of Content	Dates Attended	Public Protection Units	Related Practice Units	Documentation Attached √
<b>Total Hours Claimed</b>						

**AFFIDAVIT**

I certify that the above is true and accurate information and I have attached required documentation.

\_\_\_\_\_  
Signature of Registered Architect

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_

Notary Public \_\_\_\_\_

\_\_\_\_\_  
Printed/Typed Name of Registered Architect

**NOTARY SEAL**

Daytime Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

License Number \_\_\_\_\_